



Mandatory Flu Vaccine for Health Care Workers

Commissioner Tells Health Care Workers: Mandatory Flu Vaccine is in the Best Interest of Patients and Workers

ALBANY, N.Y. (Sept. 24, 2009) - State Health Commissioner Richard F. Daines, M.D., today released this open letter to health care workers in New York State:

As health care workers, we share one of the proudest traditions of all professions: we put our patients' interests ahead of our own.

As a physician who spent more than 20 years working in hospitals, I had the honor of working side by side with other physicians, nurses, food service workers, technicians and transporters in the early and uncertain months of what would become the HIV epidemic, in those first confused days of the anthrax attacks, and when any new international traveler with a fever might have been carrying SARS. Never once, no matter what our private fears might have been, did we shirk from our duties or put personal anxieties ahead of the interests of our patients. We took the recommended precautions, worked carefully and cautiously, and gave our patients the compassionate and selfless care for which our professions and institutions are rightly given a special place in our society.

In furtherance of that tradition, on August 13th the New York State Hospital Review and Planning Council adopted a regulation recommended by the New York State Health Department making approved annual influenza vaccinations mandatory, unless medically contraindicated, for health care workers in hospitals, outpatient clinics and home care services. Legislation applying the same standards to nursing home workers has also been proposed. The new regulation will apply first to the routine annual seasonal influenza vaccine now available. With the recent FDA approval of the vaccine for novel H1N1 flu ("swine flu"), the regulation will also apply to that vaccine, just in time for the second wave of novel H1N1 influenza already returning this fall.

Questions about safety and claims of personal preference are understandable. Given the outstanding efficacy and safety record of approved influenza vaccines, our overriding concern then, as health care workers, should be the interests of our patients, not our own sensibilities about mandates. On this, the facts are very clear: the welfare of patients is, without any doubt, best served by the very high rates of staff immunity that can only be achieved with mandatory influenza vaccination – not the 40-50% rates of staff immunization historically achieved with even the most vigorous of voluntary programs. Under voluntary standards, institutional outbreaks occur every flu season. Medical literature convincingly demonstrates that high levels of staff immunity confer protection on those patients who cannot be or have not been effectively vaccinated themselves, while also allowing the institution to remain more fully staffed.

Throughout this fall and winter, more patients than ever may enter our hospitals and clinics without effective influenza immunity. Some will be too young or have other contraindications to vaccination or will have failed to receive vaccinations for a variety of reasons. Others will be too frail for vaccination to be effective. Large numbers of people quite clearly would like to take the new H1N1 vaccine as soon as it is available but will be denied that opportunity because they do not fall into one of the first prioritized groups. For all of these individuals, safety lies in being treated in institutions and by health care personnel with the nearly 100% effective immunity rates seen with other long-mandated vaccinations for health care workers, such as measles and rubella.

In recognition of health care's noble tradition of putting patients' interests first and understanding the need to keep our health care system functioning optimally during this challenge, federal authorities made a remarkable decision regarding the first groups to be given access to the new H1N1 vaccine. In addition to giving highest priority for the new vaccine to those who would receive the direct or personal benefit -- pregnant women, caregivers to infants, children and the chronically ill -- authorities declared that health care workers would also be given earliest access to the vaccine, ahead of millions of other individuals who have roughly equal or even higher risks of contracting H1N1 influenza with all the discomfort or worse that could mean for them as individuals.

Knowing that our privileged access to the new vaccine is earned not by our personal risk factors but by the special trust society places in us, then how can we as health care workers maintain that our cooperation in protecting the most vulnerable members of society is nevertheless optional? Without mandated vaccinations, many ethically troubling situations may occur. A health care worker unconcerned about "ordinary flu" might refuse the routine seasonal vaccine, but then expect to be in the front of the line for the "good stuff" -- the new and strictly rationed swine flu vaccine. Institutions may find themselves short staffed and less than fully capable if their workers fail to get the seasonal influenza vaccine but then proceed to consume hundreds of doses of the new vaccine, therefore denying those doses to other groups. This scenario will certainly not achieve the staff-wide immunity levels needed to assure patient safety and optimal staffing -- the very reasons for which health care workers received their priority in the first place.

Influenza vaccination has saved thousands upon thousands of lives over the last three decades, and thousands more could have been saved if the vaccinations had been more widely used. This year, through effective use of vaccination, we have perhaps the best opportunity to save lives and keep our society and institutions running more smoothly than we have had in 50 years or more. This is not the time for uninformed or self-interested parties to attempt to pump air into long-deflated arguments about vaccine safety in general or to use a single 33-year-old episode to deny decades of safety and saved lives achieved by influenza vaccines prepared in the same way as this year's formulations.

The seasonal influenza vaccine has completed, and before its approval the new H1N1 vaccine also underwent, the most careful development, production and testing processes leading scientists, clinicians and public health authorities can devise. Approval of the H1N1 vaccine was based on the application of the same scientific standards and methods that we believe should govern all our health care practices. We, as health care workers, owe it to our patients and to society in general to demonstrate our confidence in those scientific standards. Even more

importantly, we should reconfirm our noble commitment to the tradition of putting patients' interests first by supporting the mandatory influenza vaccination requirement.

Richard F. Daines, M.D.
New York State Commissioner of Health